Carmen Powell, In Pro Per
372 Bay Leaf Dr
Chula Vista, Calif. 91910
619 420-4204 or 619 253-1271

FILED
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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY: CP DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

Civil No. '07 CV 1836 JAH JMA

Carmen Powell, **Plaintiff/Petitioner/Movant**

v.

Defendants/Respondent

City of Chula vista; Chula vista Police Department; Det Ruth Hinzman; AGT. Anderson; Agt Oyos; Sgt Cervantes; and Person Entities Unknown, City of San Diego and San Diego County Protective Services Workers, Julie Smith, Nadia Najors, Megan Petfinger; Rebecca Slade and Persons and Entities unknown, Children's Hospital; Diana Chase, Nurse Debra Davies, LCSW and Entities unknown

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

I, Carmen Powell, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. s 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

CR

1. Are you currently incarcerated? **No**

2. Are you currently employed? **No**

   b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

   1990 employed by the City of San Diego, 202 "C" Street, San Diego, Calif., I don't remember salary amount, however it was around $28,000.00.

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	**No**
b. Rent payments, royalties interest or dividends	**No**
c. Pensions, annuities or life insurance	**No**
d. Disability or workers compensation	**No**
e. Social Security, disability or other welfare	**Yes**
f. Spousal or **child support**	**Yes**
g. Any other sources	**No**

   If the answer to any of the above is "yes" describe each source and state the amount received and what your expect you will continue to receive each month, **SSA $550.00, SSI $326.00** and **child support $245.25 & $ 3.56.**

4. Do you have any checking or savings accounts? **Yes**
   a. Citibank, Jackson Dr., La Mesa, Calif.
   b. **Savings Acct. present balance $11.80, no checking account**

5. Do you have any IRA/money market/CD's separate from checking account? **No**

6. Do you own an automobile or other motor vehicle? **No**

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other Valuable property? **No**

8. List the persons who are dependent on you for support, state you relationship to each person and indicate how much you contribute to their support. **A. My teenage daughter Brittni Brown, dob 05/11/90, I am totally responsible for her care, the police did not remove her when they took the other children.**

9. Currant debts are rent, utilities, food, **I have no credit card or credit accounts, I have** Section 8 Housing **$690, landlord can verify Mr or Mrs Marasigan 619 482-1154 or 619 246-7114, utilities run SDG&E runs approximately now about $157.79, phone approximately $55.00, and I frequently use food banks and family buys us food.**

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets. Include any items of value held in someone else's name: **None**

11. If you answered all of the items in #3 "No", and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

Dated: November 19, 2007

Carmen Powell, signature of applicant

SDGE
A Sempra Energy utility®

Overview | Bill | Payments | Account Info | Contact Us   » Home   » Sign Out

Account Overview

For Account 8944926432 (372BAY LEAF)

[redacted]

Balance

Description	Amount
CURRENT BALANCE	**$ 269.79**

*Please allow up to 24 hours for payments to be reflected in the current balance. Scheduled and recent payments are displayed below.

Scheduled Payments   » View scheduled payment activity

Date	Payment Account	Payment Type	Amount

There are no scheduled online payments for you at this time.

Recent Payment Activity   » View all payment activity

Date	Payment Source	Amount
11/05/2007	BRANCH OFFICE	306.26
10/01/2007	BRANCH OFFICE	290.00
09/14/2007	MAILED	250.00

Recent Bills   » View bill summary

Statement Date	Due Date	Charges	Total Amount Due
11/01/2007	12/01/2007	154.79	576.05
10/03/2007	11/03/2007	193.41	306.26
09/04/2007	10/01/2007	172.85	537.85

Common Tasks
- » Current Balance
- » Mailing/Billing Info
- » Recurring Payments
- » Manage Accounts
- » Go Paperless

My Profile
Carmen Powell
mommydearest@playful.com
» Update

Linked Accounts
Select an account to view

Account
1. 372BAY LEAF

» Show All accounts

What's New?
A red link below indicates new or unread items

Regulatory Notices
SDG&E Newsletters
This Month's Bill Inserts
Previous Month's Inserts

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As you can see I struggle every month making parcial payment. We use no heat because I Can not afford it

[signature]

Account Details & Activity

print

DETAILS Select an account...

Day-to-Day Savings: XXXXXXX000

$ 554.41 overdrawn

$ 0.00 available now

0.50% your interest rate

0.50% annual percentage yield*

$ 0.20 interest earned last year

$ 0.06 interest earned

*Yield assumes interest remains on deposit. Interest withdrawals will reduce earnings.

◀ Menu ◀ Account Summary View Record

ACTIVITY Sort Order: Credits, descending

Search For Specific Activity

Date	Description	Debits	Credits
11-02	AUTHORIZED TRANSFER SOCIAL SECURITY FOR CARMEN POWELL		$ 550.00
10-03	AUTHORIZED TRANSFER SOCIAL SECURITY FOR CARMEN POWELL		$ 550.00
08-31	AUTHORIZED TRANSFER SOCIAL SECURITY FOR CARMEN POWELL		$ 550.00
08-03	AUTHORIZED TRANSFER SOCIAL SECURITY FOR CARMEN POWELL		$ 550.00
11-08	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 245.26
10-12	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 245.26
09-13	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 245.26
08-16	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 245.25
08-03	AUTHORIZED TRANSFER SOCIAL SECURITY FOR BRITINI BROWN		$ 27.00
08-06	AUTHORIZED TRANSFER AMERICA ON LINE SERVICE		$ 9.95
10-25	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 3.56
08-30	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 3.56
08-02	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 3.54
09-27	AUTHORIZED TRANSFER CASDU-ARSPPD CHILD SUP.		$ 1.88
08-31	INTEREST		$ 0.02
10-31	INTEREST		$ 0.00

SOCIAL SECURITY
380 THIRD AVENUE
CHULA VISTA CA 91910

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 26, 2006
Claim Number: 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 DI

436 B089,M4E,271,016584 000069084 01 AT 0.308

CARMEN POWELL
372 BAY LEAF DR
CHULA VISTA CA 91910-7422

We are writing to tell you about changes in your Supplemental Security Income payments. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Information About Your Payments

- The amount due you beginning January 2007 will be $326.00. This amount includes $233.00 from the State of California.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2007 if there was an increase in the cost-of-living during the past year.

Your Payment Is Based On These Facts

Our records show that the following income used to figure your payment has also changed--

Your increased Social Security benefits--before any deductions for Medicare premiums--of $550.00. You should receive the increased Social Security benefit about January 3, 2007. We must count the increase in your benefits for January 2007 even though we are counting your other income for November 2006.

11/26/2006

HOW WE FIGURED YOUR PAYMENT FOR January 2007 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	$623.00
Minus (-) "Total income we count" (see below)	-530.00
Federal SSI money	$ 93.00
Plus (+) the most State SSI money the law allows us to pay	+233.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for January 2007 on	$326.00

Your Income Other Than Your SSI

Income you receive in November 2006 on affects your payment for January 2007 on

January 2007 amount of Social Security benefits	$550.00
By law we don't count $20.00 of above income	- 20.00
Total income we count	$530.00

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY OF SAN DIEGO
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 122031
SAN DIEGO CA 92112-2031

RETURN SERVICE REQUESTED

MONTHLY STATEMENT OF COLLECTIONS
DCSS 0281 (08/16/04)

Our records reflect that you [ ] were [X] were not on CalWORKSs for the month of *OCTOBER 2007*
If this information is incorrect, please call *(619)236-7600*

COUNTY OF: **COUNTY OF SAN DIEGO**
LCSA CASE NO: **08.0235.6421**
COLLECTION MONTH: **OCTOBER 2007**
DATE OF NOTICE: **OCT. 31, 2007**

CARMEN ANN POWELL
372 BAY LEAF DR
CHULA VISTA CA 91910-7422

1. PAYMENTS COLLECTED BY THE DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS)

DATE OTHER PARENT PAID	DATE DCSS GOT THE PAYMENT	HOW MUCH MONEY WAS PAID TO THE DCSS	DATE OTHER PARENT PAID	DATE DCSS GOT THE PAYMENT	HOW MUCH MONEY WAS PAID TO THE DCSS
10-19-07 BROWN	10-23-07	3.56	10-05-07 BROWN	10-10-07	245.26

TOTAL PAYMENTS $ 248.82

HOW THE PAYMENTS WERE DISTRIBUTED/APPLIED

2. CURRENT SUPPORT:

Current support paid to you	$	244.00
Other	$	
For current CalWORKs recipients only:		
Disregard paid to you*	$	0.00
Current support used to repay cash assistance	$	0.00
Excess current support paid to you	$	0.00
Other	$	

3. PAST DUE SUPPORT:

Past due support paid to you	$	4.82
Other	$	0.00
For current or past CalWORKs or Foster Care recipients only:		
Past due support used to repay past cash assistance	$	
Excess past due support paid to you	$	0.00

TOTAL PAYMENTS DISTRIBUTED .... $ 248.82

* If you received CalWORKs and you did not receive a disregard payment, it is for one of the following reasons:

1. The collection dated ** ** ** came from a federal income tax refund. Under federal law, tax refund money can only be used to pay past due child support and is applied first to repayment of CalWORKs previously paid to you.
2. There is no order for current support to be paid by the noncustodial parent. When no current support is ordered, no disregard can be paid to you. Support collected on an order for past due support or arrears only cannot be used to pay a disregard.

Note: Total "Payments Received" and total "Payments Distributed" may not match because money may be received at the end of one month and paid out at the beginning of the next.

PLEASE KEEP THIS FORM FOR YOUR RECORDS

CS915 (10/05) PNMlt (SNDF)

MONTHLY STATEMENT OF COLLECTIONS
DCSS 0281 (08/16/04)

HOW TO MAKE A COMPLAINT ABOUT THE MONTHLY STATEMENT OF COLLECTIONS AND DISTRIBUTION

RIGHT TO COMPLAINT RESOLUTION:

If you think a mistake has been made in the money paid to the Department of Child Support Services and/or how the money was paid, the child support program has a complaint resolution process. To start the complaint resolution process, you should call us at **(619)236-7600** or write to the Local Child Support Agency (LCSA) at:

COUNTY OF SAN DIEGO
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 122031
SAN DIEGO CA 92112-2031

IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the mistake made in the money.

The LCSA has 30 days from the date it receives your complaint to provide you with a written resolution of your complaint, unless the LCSA determines more information or time is needed to resolve your complaint. The LCSA will contact you if it needs more information or time to resolve your complaint.

RIGHT TO STATE HEARING:

If the LCSA does not respond to you within 30 days from receiving your complaint, you have the right to request a state hearing before an Administrative Law Judge.

IMPORTANT: If the LCSA did not respond to you within 30 days, and you decide to request a state hearing, your request for a state hearing must be made within 90 days after you made your complaint with the LCSA.

If the LCSA **does** respond to you within 30 days of making your complaint, and you are not satisfied with the LCSA's complaint resolution or response, you have the right to request a state hearing before and Administrative Law Judge.

IMPORTANT: If you are not satisfied with the LCSA's complaint resolution or response, and you decide to request a state hearing, your request for state hearing must be made within 90 days after you received the LCSA's written response. You will receive instructions on how to file for a state hearing when you file a complaint with the LCSA.

CS 915 (10/05) Back PNMit